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[NO. 17.]

DENTAL SURGERY.

THE subjoined letter, from Mr. Robert Nasmyth, dentist, of Edinburgh, is in answer to one written to him some time since by Henry A. Dewar, M.D., of Boston, relating to the practice of dentistry in this country, and more especially to the important branch of filling teeth, in which many decided improvements have been made, and which are as yet but little known, either in this country or in Europe, for reasons which American dentists can best give. It is to Dr. Hudson, of Philadelphia, that the world has been chiefly indebted for the high stand which dentistry has taken, and he seemed to be the first who threw off the trammels of *old systems*, and showed that it was possible to retain the teeth nature had given, in most instances, instead of trusting to art to replace them.

Edinburgh, August 5, 1838.

MY DEAR SIR,—I should have replied to your interesting letter long ere this, but in doing so I was anxious to execute your commission in regard to instruments, and in a satisfactory manner, which I have found considerable difficulty in doing, from not knowing what would really be new and useful to you; and I fear I may not yet have exactly fulfilled your wishes. But whatever else I can send you from here, if you can only point it out, I shall have great pleasure in forwarding to you.

The method of stopping which you have described is certainly good, and, indeed, if teeth are always stopped in the way the one is which you sent as a specimen, it signifies little by what means it is done.*

The course I generally follow is, when the hole is of a moderate size, first to open it up with a broach, and go on enlarging the hole by a succession of them till it is of such a size as will admit some of the scraping instruments to get in to cut away all the caries; and it is generally best, when it can be made equally wide at top and bottom. I then dry the cavity, and take means to keep it dry by putting a bit of lint into it while I prepare the gold; then, when I begin to place in the gold, I probably wipe the tooth and neighborhood with a dry napkin, sometimes making the patient keep the cheek or tongue out of the way with a bent spatula covered with a bit of rag. The gold I prefer

* The tooth sent as a specimen was filled, at the request of Dr. Dewar, by a gentleman in this city, who pursues the method alluded to, and no more care was taken than is generally required in adhering to Hudson's rules, as he put them in practice.

is the large size, of which I send you some. Of this I tear a strip of about an inch broad, put it together like a loose rope, and when the hole is very large, make a sort of ball at one end, which I first put into the hole and press in as much more as fills it completely, always taking care that there is a quantity left at the mouth of the hole more than is necessary to fill it. It ought then to be all gone over with a pointed instrument, to make sure that the whole is solid. If any hollow part should be detected, a separate piece, of smaller size, may be put in, if there be not gold enough at the mouth of the hole to fill this with; and I consider it rather an advantage that this be incorporated with the superabundant part, before the whole be laid down for burnishing. I have had opportunities of seeing teeth treated in this way, remaining firm and solid for twenty years. The chief advantage of the gold being in one continuous piece, is, that when you have got a beginning made, your left hand is at liberty to assist in keeping the tooth clear or in steadying the jaw. I send you along with this some of the instruments I use in stopping, but I fear very needlessly, as from your sketch I imagine you have got equally good already. Those with the rest for the finger I have found very useful for the under jaw, and I send you two pair of forceps, which I found very useful in stopping holes in the side of the teeth, which you know often take place on the outside of the large molares of the under jaw. I use one of the ordinary instruments in filling it nearly full, and then use the forceps to compress what is in, and by that means get it made very solid, and space generally made to hold as much more. Modifications of them might be made, of forms very convenient to assist in stopping the incisors and the sides of the bicuspsids.

There is a sort of stopping which, from your not noticing, I presume you are not aware of, which is very useful in cases where there is too much tenderness to admit of being treated with gold or tin. It is the amalgam of silver, which is formed by rubbing, in a small mortar, powdered silver and mercury. You obtain silver in powder by dissolving the silver in nitric acid, and precipitating with copper, washing it thoroughly, first with a little sulphuric acid, and immediately with boiling water, which should be decanted off, and more water poured on as the silver settles, and drying; then taking a little as you require it, rubbing it with as much mercury as forms it into a sort of convenient paste; then when you are going to put it into a tooth, you take silver in the state of filings, and mix it with as much as may be necessary to fill the hole, squeeze the mass in your fingers, to get rid of any superfluous mercury, and put it into the tooth previously dried. In the course of twenty-four hours it acquires a considerable degree of hardness, and eventually becomes very hard. It is of course very liable to oxidation, and is therefore only applicable to the back teeth, or where a little discoloration is of no consequence. I should mention that the filings require to be intimately mixed with the amalgam, and this is best done on a piece of shamoy leather, with an ivory or wooden spatula. After the hole is filled and the metal levelled with the finger, it renders the upper part harder to take up a little of the silver filings,

as much as will stick to the finger, and rub it into the amalgam, and then polish the whole with the burnisher. A person of the name of John Clark, who was some years ago a teacher in the academy at Inverness, has made, they say, a large fortune, in London, with this substance. He does nothing but stop teeth, and he has as much as he can do. The amalgam is very often employed when the tooth should come out, and a deep-seated gum-bile sometimes occurs long after the metal is put in. Clark, I believe, never extracts teeth; but when there is much tenderness, puts in a bit of cotton dipped in a spirituous solution of mastic, or in white hard spirit varnish, which is decomposed on coming in contact with the saliva, and the resinous matter remaining among the cotton gives it a degree of consistency that will keep it in the tooth for a month or more, when the tooth will frequently come to bear having the amalgam put in. It is amazing how much the teeth, in some cases, will bear of this sort of treatment; but I think the best practice is, where the nerve has been exposed, to extract—otherwise, sooner or later, we are almost sure of having trouble.

The use of wood, for pivots, is by no means general here. I have been in the habit of using it in some cases, but where there is a chance of much pressure from the under teeth, I should be afraid to trust to it. There is a difficulty in the hole of the tooth and that in the root not being in the same direction; the gold enables one to overcome this by bending, but the wood will not bend. The compression of it by drawing it through the plate is a very great improvement, and gives a great advantage for some cases. Though one takes every care, in fitting in a pivoted tooth, to get it free of the unders, an accident will sometimes happen by the pivot breaking off within the hole in the root, which is a very embarrassing affair, and bothered me very much at first; but I send you some instruments, which make it now a very simple matter, the application of which you will see at once. The small trephines are for working round the broken pivot, which you do till you disengage the silk which is put round it, and sometimes reduce the pivot itself a little, till you can get the points of the hollow pliers introduced, when the broken fragment is easily removed, and no injury done to the root. I presume you always make your pivots cylindrical, not tapered; if you have not been accustomed to the cylindrical, you will find it a very great improvement. It is probable you have an excellent method of taking the model for pivoted teeth; but as I am not aware that others follow the same plan as I do, I may mention it. When the root is brought to the level of the gum, and the hole in it properly formed, I take a bit of soft tin wire (which is very easily made), of a size to go into the hole easily, and sufficiently long to project out of the hole, give this a little bend and a squeeze to make it flat and rough, then apply the wax, and on withdrawing it the pin comes along with it, giving the width, depth and direction of the hole, so that the tooth with its pivot can be made all ready before the patient returns, and more accurately than by the more usual methods. I think

this method particularly useful when wood is used. Would you have the kindness to send me some of the wood you use for pivots.

I was very much obliged to your kindness in sending me your specimens of mineral teeth; the manufacture of them has engaged much of my attention for a long time. There is a point in yours which I admire very much; that is the shade given to them. The form is admirably preserved, and the making the color stronger at the root, and shading it off at the point, is admirable. Can you give me any hint of how this shading is managed? A person by the name of Ash, in London, has brought out a very excellent kind lately, and as you may not have seen any of his, I send you a few samples. This man is excellent in providing all the tools and materials required in our way, and also makes up a great deal of work for the London dentists. They have great advantages in carrying on business; a man may there have an excellent business without any stock of materials, and without an assistant in his house. You will observe that the mode of fixing Ash's teeth is different from what you do with yours, and also from those made on the French plan. A great peculiarity in his, also, is that the metal for attaching them is gold, which in any others that I have seen or tried would have melted before the materials would have been fixed. In my trials I have been obliged hitherto to use platinum, which answers well on the whole, but the solder used in attaching it to the pin or pivot does not run so well on it as on the gold.

I send you a few specimens of mineral teeth of my own manufacture; but I am by no means satisfied with them. It is, however, very difficult for me to get the experiments necessary to complete them carried on; my practice is such as to employ my time most completely.

I am sorry the cutler has not made several of the instruments exactly to my mind; in fact, many of the smaller instruments we never get nicely done by the cutler, and are, therefore, obliged to get them made up ourselves, and I regret that I have not been able to set on one of my own hands to do them for you. But we have been so much occupied I could not spare him. In making the smaller instruments we find coblers' pegging awls most useful. The steel is always better than the cutlers'; they generally destroy the steel by overheating, in forging or in tempering.

I send you a few of the files we use; they are made by Peter Stubbs, at Warrington, between Liverpool and Manchester. If you should require any, he will supply you well. You will, I think, find the pattern of the pliers and cutting pliers very useful—the latter, particularly, in cutting off the ends of screws, in fixing natural teeth to sockets, and for various other purposes.

I have sent you, also, a three square, by one Raoule, of Paris. His files are very excellent, exceedingly hard and tough; he makes a variety of dentists' files, but it is not always easy to get them from him.

I have sent a small tooth key, such as I use when I have occasion to go out (which, by the by, I never do if I can help it); it is short, but answers all the purposes of the longer kind. Perhaps you use such a one; if not, I may mention that the advantages of this are, the power

of regulating the claw with the finger or thumb, so as to keep it steady on the tooth. You can also slip the claw readily, and you may, for the extraction of the dentes sapientie, throw the claw before the fulcrum and fix it by the neck, which you will find at the end of the stem. As with you, however, the forceps are what we generally use, and the lever, which is a most invaluable tool to us. Believe me, very sincerely yours,

ROBERT NASMYTH.

A REMARKABLE UTERINE TUMOR.

BY JOS. PAINCHAUD, M.D., OF QUEBEC.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. B., aged 55, of a sanguineous temperament, had been twice married. Fifteen months after the first marriage she gave birth to a living female child, and lived with her first husband eleven years without any other uterine gestation, or any alteration in her catamenial discharges.

Having become a widow at the age of 38, she married again, enjoyed good health, and a few months after this second marriage all the indications of impregnation manifested themselves; and upon consulting her attending physician, no doubt remained of her pregnancy. At the ninth month symptoms of approaching labor induced her to send for her medical attendant, who upon visiting her did not hesitate to pronounce her to be in labor, and for several days in vain waited for an augmentation of pains, with the consequence, dilatation of the os uteri. No disposition to this change manifesting itself, and the other indications gradually disappearing, she was left under the impression that not more than a few days would elapse without the recurrence of more effectual labor pains; instead of which, for nine months she enjoyed her ordinary health, retaining, however, her corpulency. At this period, and at two ensuing periods of nine months each, the same symptoms presented themselves, with a similar result, with the exception of considerable flooding at the two last false attacks of labor. Since then, up to this time, a space of about seventeen years, every three or four months she became subject to less or more severe attacks of hæmorrhage from the uterus. With this exception, however, her health was good, and enabled her to attend to her family duties.

On the 22d of September, 1838, so severe an attack of hæmorrhage came on, as was fatal to her on the 26th following. On the next day, Dr. Painchaud, whose patient she had been, having sent a general invitation to his medical friends of the place, to be present at the examination of the body, the following gentlemen attended, viz., Drs. Couillard, Morrin, Blanchet, Rowley, Douglass, Snell, Neault, Robitaille and Trémont, with several students. Dr. Trémont having been requested, by Dr. Painchaud, to examine the body, he did so, and gave the following account.

The abdominal tumor being unusually large, both from the great obesity of the body and the contents of the abdomen, it was measured, and found to be forty-five inches from one crista ilii to the other, and

thirty-one inches from the scrobiculus cordis to the pubis. There was perceived distinctly through the abdominal parietes, besides the large uterine tumor, a smaller one on its superior aspect, of about the size of a man's fist. On dissecting the parietes of the abdomen, an enormous quantity of adipose matter was found throughout the cellular substance. A ventral hernia, three inches below the umbilicus, was discovered, filled by a portion of omentum, also loaded with fat, and which was irreducible, without an opening being made within the edge of the rupture. The omentum having been turned up, the tumor was found to be uterine. On the external surface of the uterus, were seen, through its thin serous covering, many very large and empty veins, which upon removal of the uterus, were found to extend to the situation of the os tincæ; and from which, most probably, flowed the blood which finally proved fatal. The appendages of the uterus were in no manner unhealthy. After dissecting the uterus from its connections, an incision was made across the upper part of the vagina, and the uterine tumor and appendages were removed. The mass weighed fifteen pounds, and measured, in its smallest circumference, twenty-five inches, and thirty-two inches in its largest, was extremely firm, and of an oval form. Towards the fundus were three distinct tumors, one of which corresponded to that remarked through the abdominal parietes; the others were smaller, and more posteriorly situated, but all contained within the uterine cavity. The most minute external examination could not detect the least vestige of the os tincæ. The uterine walls were then laid open longitudinally, and the contents found to be closely adherent and organized with them. Some dissection laterally proved them to be not above the twelfth of an inch in thickness, except in the situation of the os tincæ, where they were much more attenuated, but no distinct opening could be discovered. In consequence of the contents of the uterus being so closely adherent to its substance, the external incision was continued perpendicularly through the mass, so as to divide it into two halves. The substance within was, generally, of nearly cartilaginous hardness, and of a yellowish color. A number of small bones, of various size and forms, were found imbedded in the solid mass of the tumor; none of these, however, approached to the shape of any of the bones of the human skeleton, though in their intimate structure and composition they were essentially osseous. At about one third downwards from the fundus, and about an inch from the surface, a cavity was found containing several ounces of a tarry substance, in every respect resembling meconium. Immediately above this, was the situation of the distinct elevation already noticed. It was found to be principally osseous, and to be immediately covered by the uterine parietes, to which it was also very closely adherent. Its shape and size somewhat resembled a foetal head, of about six months growth. By means of a saw it was divided longitudinally, and was found to be a bony case, composed of many portions, covering a semi-cartilaginous substance, not unlike that which formed the principal bulk of the tumor. The two other distinct elevations were also examined, and found to resemble the body of the tumor.

Quebec, October, 1838.

It was the opinion of each of the medical gentlemen attending at this post-mortem examination, that the contents of the uterus were the relics of impregnation, or the *débris* of once organized substance, having the form and disposition to be a foetus.

DR. ALCOTT'S WORK ON VEGETABLE DIET.—No. IV.

[Communicated for the Boston Medical and Surgical Journal.]

IN my last communication, I considered, at some length, the testimony of Dr. Alcott's correspondents. I showed, or endeavored to show, that the evidence was partial and imperfect, and much of it irrelevant to the matter in dispute—that it did not warrant any reasonable person in taking the position which Dr. Alcott chooses to occupy; and, particularly, that it did not bear out any man in fixing the stigma of holding the doctor's opinions on the medical profession. I did not examine so critically the testimony of the six squires and two ladies who appear among the doctor's witnesses, because I did not think their evidence of sufficient importance to require special notice. It differs not, so far as I can see, from the extra-professional evidence which is daily brought forward to attest the marvellous cures of such arrant impostors as B. Brandreth and John Williams.

Dr. Alcott closes that part of his book which is devoted to the letters of his correspondents, with "additional statements" concerning his own case. The doctor's story is certainly an amusing one, and, perhaps, it is not wonderful that he is fond of telling it. As for myself, I am willing to hear it, even for the third time. I should be glad to give it for the reader's edification, and in the author's own words, but my limits will not permit. It shows pretty clearly, I think, that the doctor is an enthusiast, and has had his head turned by too much thinking of his own dreams. I honestly believe that he has confounded fancy and fact somewhat in the manner that ardent minds are known to do who become excessively enamored of their own stories, and have been in the habit of telling them for a long time and on every occasion. He says of himself, that from the age of five or six months to two years he "was literally crammed with flesh meat, usually of the most gross kind," and all with the idea of making him stout and healthy. "The result [he proceeds] was an accumulation of adipose substance [*fat* is a better word], which rendered me one of the most unsightly, not to say monstrous, productions of nature." At the age of two he had whooping cough, which broke his constitution, and destroyed his relish for flesh meat. At fourteen he became "reconciled to flesh and fish" again, and "indulged in it [in the use of *them*] quite freely." Then came measles and dropsy. "These two complaints, or the mercury, digitalis and other poisons [*other poisons, mind you*] used in endeavoring to effect a cure," left the doctor in a sorry pickle—"left him with an eruptive disease and with weak eyes." He afterwards discontinued, chiefly, the use of stimulating food and drink, and thenceforth threw

like other boys. At the age of twenty-four, and subsequently for a few years, he studied and practised medicine, got the consumption, and cured himself by rejecting one after another of "the whole tribe of extra-stimulants, solid and fluid." He now uses no condiments, except a very little salt, no sweets, sauces, gravies, &c. He never drinks with his meals, and very seldom at other times, and is never thirsty at all. "His appetite is constantly good, and as constantly improving." Notwithstanding his abstinent habits, he *can* eat and digest "almost anything which ever entered a human stomach"—such as "a full meal of cabbage or any other very objectionable crude aliment, or even cheese or paste." He flatters himself that he has now arrived almost to a state of independence of external circumstances. "I can eat," continues he, "what I please, and as much or as little as I please. I can observe set hours, or be very irregular. I can use a pretty extensive variety at the same meal, and a still greater variety at different meals, or I can live perpetually on a single article—nay, on almost anything which could be named in the animal or vegetable kingdom—and be perfectly contented and happy in the use of it. I can, in short, eat all the while, work all the while, think all the while, sleep all the while, converse all the while, or play all the while; or I can abstain from any of these, almost all the while." However, he does not wish to be understood "that either of these courses would be best for him in the end." "He never was more cheerful and happy; never saw the world in a brighter aspect; never before was it more truly 'morning all day' with him." He now fears nothing, "so far as health and disease are concerned, so much as excessive alimentation."

I wish I could quote much more in the same strain. The doctor is certainly a merry-andrew-sort of a fellow, notwithstanding the very grave exterior which he is accustomed to wear. However, should he attempt to "suit the action to the word," and to appear in conduct the jolly man he appears in print, I should not wonder if he should wake up some morning and find his head shaved and blistered, his visions vanished, and his friends recovering from an alarm. But what does the man really mean when he says that he can eat all the while, sleep all the while, &c. &c., or do without eating, sleeping, &c., almost all the while? His language is either very extravagant, and therefore unworthy of Dr. Alcott, or else he is one of the most wonderful characters the world has seen since the days of the famous Sam Patch or Mons. Chaubert. If he meant merely to affirm that he could do more, abstain longer, and endure better, than other men, or that he was the greatest fire-eater, rope-dancer or master of legerdemain in the country, why did he not say so, in so many words, and challenge the world to a trial of capacity and skill. As for the "incipient phthisis" which the doctor has no doubt was arrested and finally cured by his severe system of living, I cannot say much, except that the ultra starvation plan is, by very general consent, regarded as the worst possible plan for those that are threatened with that disease. If he ever had phthisis—a thing which I have very good reasons for doubting—reasons, too, which are not found in his own account of himself—I do not believe he is indebted

for his subsequent life to his very singular and whimsical habits of abstinence. On this point, I think the medical profession will go with me.

A considerable portion of the remaining part of Dr. Alcott's book is taken up with extracts (interspersed with comments by the author) from the writings of certain medical and other men, some of them distinguished, which are supposed to have a bearing on the question now before us. The doctor certainly contrives to muster a pretty formidable list of authors. But his endeavors to press them into his service, and to make them work well in the harness which he has prepared for them before hand, and which befits his "shrunk shank" so admirably, are not so successful. It is true, they speak favorably of strict temperance in all things, in food and in drink; but who does not, and particularly, what physician does not, do the same? Many of them have much to say on the importance of a low vegetable diet in certain diseases, and they say much that is true and much that is not so true; but what has all this to do with the question under present discussion? All physicians agree that the diet should be carefully regulated in sickness, but they do not, as a general rule, believe in any specific kind of food as suitable to all complaints. As a body, they have no faith in specifics of any sort. They find, or think they find, that some diseases require the starvation plan of treatment. Other diseases demand a generous and rather stimulating diet, with the addition, perhaps, of wine, &c. (startle not, gentle doctor). They may differ as to the proportional number of cases to be met with in practice which require the one or the other plan. But these differences can be got along with. They are to be expected among liberal and independent minds. If a man will have discrimination, and adapt his treatment to particular cases, and reject the idea of specifics, one can have charity for him and his opinions, however they may disagree with his own.—But, as I have before said, all the testimony which Dr. Alcott is pleased to cite about the management of the sick, is nothing to the purpose. And all the evidence which he is able to gather in favor of his plan of treating the sick and the well in precisely the same manner—of putting the healthy on a course of regimen which is only fit for invalids, and but for a certain portion even of them—amounts to exceedingly little. I do not mean to say that his wild scheme is countenanced by nobody. There are certainly madcap doctors in the world, who support opinions as extravagant as his. There is no absurdity in medicine which can be thought of, which has not been maintained by one or more men of note. Dr. Alcott, then, in his search for backers, has been no more successful than the advocates of other absurd opinions (who have taken equal pains) may have been. What I mean by all this is, that the doctor has been able to find no authority for his *peculiar* views which should make them current coin among a generation of reasonable men. His authorities are, at most, very few, and testify not the most willingly, either. They require the sifting process. Passages have to be detached from their connection, sorted and arranged anew, &c. Special pleaders understand this, and Dr. Alcott is a special pleader of the first water.

[To be continued.]

REDUCTION OF A DISLOCATED SHOULDER, OF SEVENTY-TWO DAYS STANDING.

[Communicated for the Boston Medical and Surgical Journal.]

MR. RICE's right shoulder was dislocated August 2d, 1837, by the upsetting of a stage coach in La Fayette, Madison County, Ohio. After riding ten miles to Vienna, a practitioner of that place was called upon for surgical aid, two hours and a half after the accident, who claimed to have some experience—according to his own statement having had about thirty cases of dislocations. He was also recommended as the best physician and surgeon of the place. He pronounced the case to be one of dislocation of the head of the humerus into the axilla. In his attempts at reduction he made no extension, but merely placed a pad in the axilla, using the arm permanently confined as a lever. The pad and roller were continued three days, when another medical man was called in consultation. The first represented to the consulting surgeon "that the head of the bone had been out of the socket, but that it was reduced, he having heard it when it went in." The other concurred in the opinion that the bone was in its place, suggested that there might be fracture of the acromion process, and advised the re-application of the pad and roller. At that time the patient suffered from pain and numbness, chiefly in the hand, and from embarrassment of the motions of the hand and arm. He was not allowed to rotate the shoulder, and the only motion given to it was when the doctor raised the arm to examine the axilla.

The treatment described was continued, without much change, until the 13th of September, about six weeks from the date of the accident. The patient then commenced his journey homeward, to Chesterfield, Massachusetts. He consulted Dr. Watts, at Pittsfield, who gave the patient the first intimation that the dislocation was unreduced. The history of the case thus far has been derived from Mr. Rice's statements.

Dr. J. H. Flint made examination of the shoulder, at Northampton, on the 7th of October. The appearances generally were those of a recent dislocation. The head of the bone was closely adherent to the side; so closely that it was impossible to carry the arm from the side, even for the shortest distance, without exquisite pain. The motions of the arm were very much embarrassed, and the use of the fingers and hand almost entirely lost.

Dr. Flint proposed the following plan of reduction. 1st. To overcome the muscular resistance by depletion and low diet. (Mr. Rice had been a blacksmith, and the muscles of the right arm were exceedingly well developed.) 2d. To break up the attachments of the bone in the axilla, by extension and rotation applied at intervals for a number of days, carefully avoiding any sudden violence which should lead to undue laceration of the muscles or important vessels. And, finally, to attempt reduction by the usual processes, when this policy had been pursued long enough to permit a degree of freedom in the extension of the bone, and justify the attempt with a well-grounded expectation of success.

In pursuance of this plan, the patient was largely depleted, put upon the sparest diet, and the arm was rotated and extended in every direction, and rubbed with anodyne and oily embrocations, for six successive days. A systematic attempt at reduction was successfully made on the seventh day. The patient having been bled and nauseated by large doses of tart. of antimony, it was not found very difficult, after the previous preparation, to bring the head of the bone obviously beyond the glenoid cavity. It was, however, impossible to effect its reduction, until it occurred to Dr. Flint that nature had probably filled up the socket, and that the cavity might be cleared for receiving the bone, by brisk rotation after the requisite extension was made. Under this process of brisk rotation, the reduction was completed at a moment of complete syncope.

Seventy-two days had elapsed from the accident to the time of reduction. But little inflammation followed the operation, and in a few days the patient began to use his arm, and six months ago had almost completely regained its motions.

J. H. WRIGHT.

Springfield, Mass., October, 1838.

TRANSMISSION OF VACCINE VIRUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I notice in Vol. XVI., page 419, an anxious desire manifested by Dr. Bradley, of Bangkok, Siam, that some vaccine virus could be introduced into that kingdom. In Vol. XVII., page 31, an attempt was made, by Dr. Andrew Stone, to show how this might be done; but, as I conceive, by an imperfect method of transmitting a substance so extremely liable to decompose. I think all doubts may be put at rest on this subject by placing the virus in a tin box, exhausting the atmospheric air, and hermetically sealing it. In this manner I kept lobsters fresh seven years, at the expiration of which time I had them cooked, of which a number of gentlemen partook and pronounced the dish of the first quality. If any fresh article can be kept that length of time without any alteration in its flavor, why should not the vaccine virus maintain its activity after a lapse of the same period? N. S.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 28, 1838.

VERMONT ASYLUM FOR THE INSANE.

THE Second Annual Report of this well-conducted institution, which, it will be recollected, is located at Brattleboro', was made to the State Legislature in the latter part of October. The first part of the pamphlet

is occupied by a detailed report of the Board of Visitors, who seem to have just and enlarged views of what is desirable—nay, what is necessary, for the convenience and comfort of the patients. They complain of a want of funds to complete the buildings. Another wing, the cost of which will be about eleven thousand dollars, is spoken of in a way that should have influenced the Legislature to grant the means of erecting it at once. There is a culpable tardiness in finishing these public establishments in this country, quite discouraging to philanthropists. The history of many of the most deserving and praiseworthy institutions in the United States, designed expressly for ameliorating the condition of the unfortunate of our race, is a history of hope deferred—of dragging, mispent time and money. When the public sentiment is in favor of a measure of this character, there should be no unnecessary delay—no obstacles—no want of energy—no, nor want of money, when it is raised directly from the people who sanction the measure.

The board state that during the past year, eighty-one patients have been in the institution. Thirty-four remained at the close of last year, and forty-seven have been admitted; forty-five have been discharged, and thirty-six remained at the date of the report. In less than two years from the opening of the asylum, thirty-one persons have been discharged who were restored to reason and usefulness. This one fact is a triumph of which the State may indeed be most proud.

Another portion of the printed pamphlet embraces an interesting document from the superintendent, Dr. Rockwell, at whose appointment much satisfaction was expressed. He has pursued a course of moral treatment that cannot be otherwise than successful—precisely the same as is adopted by Dr. Woodward at Worcester, and by Dr. Bell at the McLean Asylum in Charlestown, which have long been regarded as models worth copying everywhere. The following are Dr. R.'s remarks on the religious exercises at the asylum:—

“Our religious exercises have been continued the same as last year. We have family worship every evening after tea, when all who are in a proper condition are present. The exercises at these times consist of reading a portion of the scriptures, singing a hymn, and a prayer. On the Sabbath in the afternoon, in addition to the above exercises, a short sermon or a part of one is read. These seasons are a source of great comfort to many of the patients, and we have received letters from those who have recovered and returned to their friends, who mention these seasons as among the most interesting of their lives. In no case has it appeared to have an injurious effect, and in many, it has been the commencement of that exercise of self-control, and hope of recovery, which has resulted in their restoration. One patient who could not control her feelings, language, or conduct, or refrain from tearing her clothing, would behave with propriety during family worship. Whenever the usual family worship has been prevented, a general expression of disappointment has been manifested. Those who are in a suitable condition attend church on the Sabbath. Attendance upon these exercises is entirely voluntary with the patients.”

To do Dr. Rockwell full justice, and at the same time show the professional reader in what this moral treatment consists, a portion of the report will be hereafter copied into the Journal. Were our pages sufficiently ample, nothing would afford us more satisfaction than to reprint the whole of these reports from the New England Institutions for the management of the insane, as they appear from year to year. Wishing

Dr. Rockwell continued success, we hope he will never find it necessary to change a system hastily, which has accomplished so much, thus far, for suffering humanity.

Infirmiry for the Treatment of Diseases of the Lungs.—Two years have passed away since the commencement of this Infirmary, which has more than met the expectations of its friends. The number of persons seeking advice, justifies the opinion that this will ultimately be considered by the citizens of Boston an object of great importance, and worthy of the sustaining influence of the benevolent. It is well known that diseases of the lungs, in this variable climate, are not only very common, but in Boston, particularly, the number of deaths annually, by pulmonary consumption, greatly augments the bill of mortality. The poor, exclusively those unable to procure medicines, are here first advised of the best plan of treatment in the incipient stages of the disease, and remedies are gratuitously dispensed, under all circumstances. Editors of public papers would, perhaps, do this class of sufferers an essential benefit by giving greater publicity to the institution—which is located in Court square, entering from School street. The days of attendance are Mondays, Wednesdays and Fridays, at 12 o'clock.

Phrenological Lectures in New York.—From various notices in the New York City papers, it appears that Mr. Combe has not only a good audience, but succeeds in interesting his hearers. We cannot refrain from urging it upon our medical brethren, as far as possible, to avail themselves of the advantages of that gentleman's discourses on the functions of the brain. Though not so fluent a lecturer as Dr. Spurzheim, he is a powerful reasoner and a profound metaphysician. It is not expected that every one will become a phrenologist, but it is important that physicians should avail themselves of every possible opportunity of learning all that is to be known in relation to the structure of the organ of mind.

Dr. Gallup's New Work.—It is understood that the venerable Joseph A. Gallup, M.D., formerly in the chair of Theory and Practice, at the Castleton Medical School, is in Boston, superintending the publication of a work, in two volumes, which he has been many years preparing, on a subject upon which he has formerly lectured very acceptably. As a subscription paper was circulated a few months ago, it is presumed the encouragement was satisfactory to the author; and, therefore, his friends may soon expect to be furnished with the books. Messrs. Otis, Broaders & Co. being engaged in the printing, peculiar neatness in typographical execution is expected, as a matter of course.

The Structure of the Cornea.—The cornea of all animals having palpebræ is composed of three distinct parts; externally it is covered by a thin membrane or pellicle, which various appearances of disease prove to be a continuation of the tunica conjunctiva. The central lamina is composed of a cellular transparent substance, possessing a very low degree of vitality. The third, or internal layer, is membranous like the

first, but much thicker and stronger. It belongs to the class of serous membranes. If the cornea of an ox is placed between the finger and the thumb, by moving one upon the other, we are made distinctly sensible of the existence and relative densities of these three laminæ, the yielding nature of the central one enabling the other two to move in opposite directions; and on dissecting them, we find the internal one capable of resisting a much greater force than the other two. When a pointed instrument is introduced through the two first, a considerable addition of force is required to make it enter the third, otherwise it glides along its surface without penetrating deeper. Disease demonstrates these successive layers in the human eye, in a manner equally satisfactory to the pathologist.

Polypus in the Nostrils.—The extirpation of polypus in the nostrils is one of the most simple operations, yet its success often depends on the acquaintance with some minute practices, a description of which is not found in books, and which are only learned from experience. When polypi extend into the posterior nares, M. Lisfranc recommends that the forceps be long, have small points, the insides of which are rough, to prevent their slipping from the peduncle. A recurrence of polypi is a very frequent occurrence, not because those which have been extracted have not been completely taken away, but because new ones form. Near large polypi there are always on the mucous membrane small ones, not bigger than a pin's head, which grow rapidly. M. Lisfranc states that the only remedy to prevent the growth of these and a recurrence of the disease, is the following solution, conveyed to the posterior nares by means of a camel's hair pencil: Take of strong decoction of red rose leaves 3iv.; sulphate of zinc 3ij.—*Cont. and British Med. Review.*

Proposed Experiments on Digestion.—A resolution was passed by the medical section of the British Association for the advancement of Science, at their late meeting at Newcastle, to apply for a grant of 200l. from the funds of the association, for the purpose of taking to Great Britain and retaining there for one year, Alexis, mentioned by Dr. Beaumont in his work on digestion, for the purpose of making physiological and chemical researches on the subject of digestion. The committee proposed for the investigation were Drs. Thompson, Prout and Graham, and Prof. Owen.—*American Med. Jour.*

Club-foot cured by Operation.—Dr. A. G. Walter, of Pittsburgh, Penn., has communicated to us accounts of ten cases of club-foot cured by operation. Dr. Walter divides not only the tendo Achillis and other tendons, but also some of the ligaments. In several cases he states he has found it necessary to divide the following tendons and ligaments: tendo Achillis; tibialis posticus and t. anticus; flexor pollicis longus, and f. digitorum communis longus, et brevis; the ligamentum plantaris, l. cruralis internis, et l. deltoideum.—*Ibid.*

Chlorate of Potass in Croup.—Dr. Klein assures us that he has found the chlorate of potass extremely useful in dangerous cases of croup, par-

ticularly towards the termination of the disease. He administers it in the dose of three grains every four hours, to children of two years old. The fits of coughing soon become more mild under the use of this remedy; a profuse perspiration breaks out; the child falls asleep and gradually recovers.—*Siebold's Journal*.

Medical Miscellany.—Dr. Cassel's introductory discourse before the students of the Medical Department of Willoughby University, Ohio, is well spoken of in the *Cleveland Herald*.—A story is current that the Council General of the Paris Hospitals, struck with the mortality of those who had undergone surgical operations within the two last years, caused a monthly return to be made of each operation, the name of the disease, the name of the surgeon, and the number cured or lost by each; and the effect has been to diminish the mortality. Formerly, out of five cases three have died, but the deaths are now reduced to one per cent. If this is true, it only shows the value of careful attention to after-symptoms, and vigilant nursing.—Mr. James Toulmin Smith, an English gentleman, residing in Roxbury, Mass., will speedily give the public a "Synopsis of Phrenology," accompanied by a phrenological chart.—A hospital having been organized at Geneva, N. Y., in connection with the medical school in that place, Professor Rodgson is now giving daily clinical lectures there. Ten thousand dollars have been set apart, by the Trustees, for a new medical college building.—Dr. Beale, of New York, a talented lecturer, gave an introductory discourse, to a private course on obstetrics, on the 12th inst.—Lectures will commence at the Charity Hospital, New Orleans, on the last Monday of this month.—The New York Medical Examiner speaks of a new mode of putting up caustic—in a cylindrical piece of wood, like a crayon, having an ivory cap at one end to secure the point.—The Geneva Medical College, says the same paper, has "one third more students than during last year."

TO CORRESPONDENTS.—The communications of Drs. Glysson and Spaulding are on file for publication. An account of the complimentary dinner to Drs. Jackson and Warren, and other deferred articles, will appear next week

Whole number of deaths in Boston for the week ending Nov. 24, 25. Males, 17—females, 12.

Of consumption, 7—accidental, 1—old age, 4—diarrhea, 1—croup, 1—burn, 1—inflammation, 1—child-bed, 1—scarlet fever, 3—dropsy on the heart, 1—palsy, 1—fits, 1—sudden, 1—canker in the bowels, 1—inflammation of the brain, 1—cholera morbus, 1—stillborn, 2.

PRIVATE MEDICAL INSTRUCTION.

Two subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—optf

DR. JACKSON'S REPORT.

A REPORT on the cases of Typhoid Fever, which occurred in the Massachusetts General Hospital from the opening of that institution in September, 1831, to the end of 1835. By James Jackson, M.D., late Attending Physician in that hospital. Highly recommended in the American Journal of Medical Sciences, and in Dugliss's Medical Library. Published by

Nov 21—32

WHIPPLE & DANIELL, No. 9 Cornhill.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its successful application is always followed by an early confession of radical relief from the patient herself. The *Supporter* is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Denfield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendible as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the *Supporter* has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 2

lyceop

LOWE & REED,
34 Merchants Row, Boston.

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical dissection.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by

Dr. BIGLOW.

On Anatomy and Surgery, by

Dr. RAYMOND.

On Midwifery and Chemistry, by

Dr. STORER.

On Physiology and Pathology, by

Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1836.

Aug 22—open

JACOB BIGLOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure the vaccine charged with *Fera Vaccina* Virus by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. Oct. 25.

INFIRMARY FOR SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Bolling Street, Boston.

PATIENTS from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Hamann, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Oakes, John Ware, George Bartlett, John Flint.

Boston, August 1, 1836.

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NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lyceop

BETH W. FOWLE,

33 Prince St. corner of Salem St. Boston.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, *post paid*.

Nov 21—34

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.50 a year in advance, \$2.50 after three months, and \$1.50 if not paid within the year.—Agents allowed every seventh copy gratis.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.